



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION

**STIPULATION FOR COMPROMISE SETTLEMENT**

INJURY NUMBER

EMPLOYEE	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER
EMPLOYER	INSURER	

It is hereby stipulated and agreed by and between the parties hereto:

1. That on or about \_\_\_\_\_, the above named EMPLOYEE, while in the employment of the above named employer, sustained an accidental injury/occupational disease arising out of and in the course of the EMPLOYEE'S employment and that an accidental injury/occupational disease resulted in injury to the EMPLOYEE.
2. That both the employer and EMPLOYEE were operating under and subject to the provisions of the Missouri Workers' Compensation Law.
3. That the weekly compensation rate is \$ \_\_\_\_\_ for temporary benefits and \$ \_\_\_\_\_ for permanent partial disability.
4. That employer and insurer have paid medical expenses in the amount of ..... \$ \_\_\_\_\_
5. That employer and insurer have paid temporary disability for \_\_\_\_\_ weeks in the amount of \$ \_\_\_\_\_
6. That there are dispute(s) between the parties to
7. That because of the dispute(s) it is agreed by the parties to enter into a compromise lump sum settlement under Section 287.390 RSMo as amended for the payment of a lump sum of ..... \$ \_\_\_\_\_  
This settlement is based upon approximate disability of \_\_\_\_\_% of \_\_\_\_\_ and that \_\_\_\_\_ weeks of disfigurement is included.
8. That the SECOND INJURY FUND is making a payment of ..... \$ \_\_\_\_\_
9. That the preexisting disability and percentage are \_\_\_\_\_

**ADDITIONAL COMMENTS:**

THE EMPLOYEE UNDERSTANDS: by entering into this settlement, except as provided by Section 287.140.8 RSMo., the EMPLOYEE is forever closing out this claim under the Missouri Workers' Compensation Law; that EMPLOYEE will receive no further compensation or medical aid by reason of this accident/disease; that EMPLOYEE has the right to a hearing of the EMPLOYEE'S claim, which may result in EMPLOYEE receiving more money or less money than is provided by this settlement; that *EMPLOYER/INSURER and/or SECOND INJURY FUND is/are released from all liability for this accident/disease upon approval by the Administrative Law Judge.* EMPLOYEE asks the Administrative Law Judge to approve this settlement and to allow the EMPLOYEE'S attorney a fee of \_\_\_\_\_% of any amounts recovered by this settlement. The EMPLOYEE elects to receive payment in one lump sum. The PARTIES by their signatures below agree to the settlement, and the PARTIES request and recommend that this settlement be approved.

By initialing the following box, EMPLOYEE indicates full awareness of the consequences of this settlement as set out above and that EMPLOYEE DID NOT APPEAR IN PERSON BECAUSE OF HARDSHIP OR OTHER EXTENUATING CIRCUMSTANCES.

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By initialing the following box, EMPLOYEE indicates full awareness of the consequences of this settlement as set out above and that EMPLOYEE personally appeared.

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(Notary is required only if employee is not represented and does not appear.)

**Employee Signature**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

**NOTARY PUBLIC:** \_\_\_\_\_

My commission expires:

ATTORNEY FOR EMPLOYEE	Bar Number	Telephone Number	Tax I.D. Number
(Signature)	(Print Name)		
ATTORNEY FOR EMPLOYER/INSURER	Bar Number	ATTORNEY FOR SIF	Bar Number
(Print Name)	Telephone Number	(Print Name)	Telephone Number
(Signature)		(Signature)	
FEE/LIEN:	Attorney Fee/Lien in favor of		for \$
Settlement and Attorney Fees/Lien	ADMINISTRATIVE LAW JUDGE/LEGAL ADVISOR		DATE
APPROVED BY:	(Signature)	(Print Name)	